



WORKMAN'S COMPENSATION

Patient's Name Date of Birth

Workman's Compensation Name

Street address Address 2

City State ZIP

Adjuster's Name Adjuster Phone Number

Claim Number Date of injury

Employer at the time of injury

Assignment of Insurance Benefits. Patients with insurances please read and sign: I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, private insurance and any other health plans, to: Fairbanks Medical Imaging dba **North Star Radiology**. This assignment will remain in effect until revoked by me in writing; a photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges that are not paid by said insurance. I hereby authorize **North Star Radiology** to release all information necessary to secure payment.

X Signature of patient Date